

**STRATEGIC PLAN FOR THE STATE MENTAL HEALTH AUTHORITY
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EXECUTIVE SUMMARY

The Department of Mental Health Strategic Plan: Phase 1 will inform the future of a transformed mental health system. We welcome and encourage your comments and suggestions on the first phase of the DMH Strategic Plan and we will use your input as we continue our work toward Phase 2. Please send your comments to:

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VISION

Mental health is an essential part of health care. The Massachusetts Department of Mental Health, as the State Mental Health Authority, promotes mental health through early intervention, treatment, education, policy and regulation so that all residents of the Commonwealth may live full and productive lives.

MISSION STATEMENT

The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. The Department establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

To read the complete State Mental Health Authority Strategic Plan – Phase I, please go to
www.mass.gov/dmh

06/10/05

PRINCIPLES GUIDING THE STRATEGIC PLAN

The Department of Mental Health has adopted the following principles to guide the further planning and implementation of the unified behavioral health system:

- **Excellence:** Pursuing quality, adopting evidence based treatment practices and operating in a continuous quality improvement framework to produce accountable outcomes.
- **Innovation/Creativity:** Adopting promising treatment practices that promote recovery and implementing best of breed administrative practices to support system operations.
- **Efficiency:** Ensuring cost effective, local services and supports that maximize outcomes.
- **Value:** Promoting effective care that has high value to consumers, citizens and our communities. Value is the product of excellence, innovation, and efficiency.

THE NATIONAL CONTEXT

Improving mental health care and meeting the complex needs of our citizens has a long tradition in Massachusetts. This tradition has been adopted nationally by the President's New Freedom Commission, led by Michael Hogan, Ph.D., formerly Region I Administrator in the Massachusetts Department of Mental Health, and now Commissioner of the Ohio Department of Mental Health. An examination of the need for transformation across health care is embodied by the report of the Institute of Medicine, "Crossing the Quality Chasm: A New Health System for the 21st Century" (2001).

The New Freedom Commission Report

The President's New Freedom Commission engaged a diverse group of consumers, policymakers, professionals and executives from government, the courts and legislatures. These individuals worked to identify the goals for and qualities of a Transformed Mental Health System:

- Americans understand that mental health is essential to overall health.
- Mental health care is consumer and family driven and recovery oriented.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment, and referral to services are common practice.
- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

Citation: President's New Freedom Commission

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Institute of Medicine “Crossing the Quality Chasm” Report

In a transformed health system, care is provided in a manner that is:

- § Safe
- § Effective
- § Patient centered
- § Timely
- § Efficient
- § Equitable

Citation: Crossing the Quality Chasm: A New Health System for the 21st Century

OVERARCHING PRINCIPLES GUIDE OUR EFFORTS

- All services are consumer-centered and family-driven.
- Resiliency and recovery are the ultimate goals for all services and supports.
- Quality improvement principles must be embedded in everything we do.
- Services should be local.
- We must add value to our local communities.
- Effective behavioral health services are critical to the success of many other state agencies and we must actively partner with these organizations to achieve our common mission.

Initial implementation activities will focus on three areas:

1. Redesign and implement a unified behavioral health system
2. Expand community services, consolidate capacity and build a new state-of-the-art inpatient psychiatric hospital
3. Implement a comprehensive Quality Improvement Plan

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1. UNIFIED BEHAVIORAL HEALTH SYSTEM

The Unified Behavioral Health System will address issues in the current system of care, including variance in policy, practice, quality, outcomes and efficiency as well as the ability to meet the actual continuum of need with current levels of and flexibility in care. Implementing a Unified Behavioral Health System requires a system redesign that will:

- Implement a high-performance, behavioral health network that is cost effective and provides a full continuum of high quality services
- Streamline clinical and administrative processes across the acute and continuing care system
- Complete a comprehensive evaluation of all aspects of the current system
- Ensure use of evidence based practices
- Develop consistent clinical standards for all levels of care

2. COMMUNITY EXPANSION, CONSOLIDATION AND A NEW HOSPITAL

The Department is committed to community services expansion to better meet the needs of persons who have been or are now awaiting community placement from hospitals. This activity is already in progress.

New Community Placements to Serve 268 Current DMH Hospital Residents

- Completed: 104 individuals placed in the community as of 03/09/05
- Planned: 164 continuing care patients placed in the community by 12/31/05

Reduce DMH Inpatient Beds from 900 to 740

- Target: 769 bed level reached during FY 2006
- Target: 753 bed level reached during FY 2007
- Target: 740 bed level reached when new hospital opens

Inpatient Consolidation, Improvements and New Hospital

- Capital improvements at Fuller and Shattuck hospitals
- Closure of antiquated facilities at Worcester and Westborough Hospitals
- Expansion to 40 beds in Western Mass.

Design and develop new state-of-the-art psychiatric hospital to meet consolidated bed need in Central Massachusetts

- DMH Inpatient Facility Feasibility Commission established and meeting to assess need and plan new hospital
- Commission includes Division of Capital Asset Management, Department of Mental Health, Administration & Finance, legislators, labor representatives and advocates and consumers

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3. COMPREHENSIVE QUALITY IMPROVEMENT PLAN

The Quality Improvement Plan identifies a Quality Steering Committee and the following tasks to achieve its work:

- Define scope (Inpatient/Community programming)
- Identify current areas of quality
- Identify areas of improvement
- Define and propose measurement for key performance indicators
 - Safety
 - Effectiveness
 - Patient Centeredness
 - Timeliness
 - Efficiency
 - Equitability
- Develop interventions to achieve improvement

IMPLEMENTATION PRINCIPLES AND NEW WAYS OF DOING BUSINESS

Achieving the Unified Behavioral Health System calls for a new way of doing business. Key to meeting our objectives for the system are the following actions:

- Increase coordination and collaboration across EOHHS and other agencies
 - ~ Throughout the Strategic Plan, key initiatives depend upon interagency coordination. Examples include criminal justice, youth, housing, and employment.
- Initiate project management methods within work plans
 - ~ The size and scope of the changes envisioned require a continued focus on project work plans and deliverables and the facilitation of progress. These efforts should be linked when possible to EOHHS efforts.
- Data-driven decisions must be the norm
 - ~DMH's current information system impedes efforts to be more accountable and data driven. Decision support and reporting functions should be implemented incrementally based upon data needs in Areas and among POS providers.
- Deliver and purchase services with performance measures and flexible funding
 - ~ Contracting needs to include effective performance measures and new approaches. Reimbursement methods must allow for flexible uses of funds to meet needs, e.g. money follows the client.
- Encourage a culture where change is the rule

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SUMMARY OF THE GAINS FROM THE UNIFIED SYSTEM

- Integration of assets at DMH and MHBH and close coordination with DMR, DSS, DPH, DYS and DOC in serving persons with mental and addictive disorders
- Continuous therapeutic relationships, wherever possible, to preserve treatment gains and adherence to treatment plans
- Timely access to high quality specialty healthcare providers with professional expertise and commitment to persons with addiction and psychiatric disorders
- Increased efficiencies in the allocation of limited resources and coverage of gaps in needed treatment through expanded community services
- Preservation and enhancement of stakeholder accountability and provider commitments to building social capital in the cities and towns where they operate
- Ensuring a single point of clinical and managerial authority for persons with behavioral health care needs regardless of income level and eligibility status
- Continuous quality improvement in all our operations to improve the effectiveness and the efficiency of services

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